

Application Data Sheet**APPLICATION INFORMATION**

Application Number:: Unassigned
Filing Date:: September 16, 2005
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable From (CRF)?:: No
Number of Copies of CRF::
Title:: DEVICE FOR FIXING A CATHETER TO THE BODY
OF A PATIENT
Attorney Docket Number:: 403504
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 7
Small Entity?:: No
Latin Name::
Variety denomination name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Francis
Family Name:: NAVARRO
City of Residence:: Montpellier
State or Prov. of Residence::
Country of Residence:: France
Street of mailing address:: 26 Avenue de la Croix du Capitaine
Bâtiment F
City of mailing address:: Montpellier
State or Province of mailing address::
Country of mailing address:: France
Postal or Zip Code of mailing address:: 34000

Inventor Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Jacques
Family Name:: LE BOZEC
City of Residence:: La Chapelle Erbree
State or Prov. of Residence::
Country of Residence:: France
Street of mailing address:: Le Grand Village
City of mailing address:: La Chapelle Erbree
State or Province of mailing address::
Country of mailing address:: France
Postal or Zip Code of mailing address:: 35500

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23548
Phone:: (202) 737-6770
Fax:: (202) 737-6776
E-mail Address:: dcmal2@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23548

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::
This Application National Stage of PCT/FR2004/000560 03/09/04

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed
France 03 03 350 03/19/03 Yes

ASSIGNEE INFORMATION

Assignee name::

Street of mailing address::

City of mailing address::

**State or Province of
mailing address::**

**Country of mailing
address::**

**Postal or Zip Code of
mailing address::**